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FIRST STEPS (FS) PROVIDER ENROLLMENT FORM (CONTINUATION)						
Agency Name:	Date of Submission:					

SECTION 3: SERVICE PROVIDER(S) AND DISCIPLINE(S)

SECTION 3: SERVICE PROVIDER(S) AND DISCIPLINE(S)  Individual Service SSN Individual Disc Lie # Lic Exp County (ics) To Be Served						FS OFFICE USE ONLY								
*A/D	Provider Name	SSN	NPI	Disc Code	Lic#	Lic Exp Date	County (ies) To Be Served	Training				Background Checks		
	Ex. Jane Smith	Ex. 333-22-1111	Ex. 1234567891	Ex. 28	Ex. 1234	Ex. 07/01/09	Ex. Jefferson	SC	AS	DS	EC		DPP	
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